U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	(LN21205)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 0 - 01956	many a many a amount provide a factor of an amount of the same of
	1 / 1 / 2001 Through: 12 / 31 / 2001
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Edgar Romney	Name UNITE
	Labor Organization File Number 000-381
P.O. Box, Bldg., Room No., if any 7th Floor	P.O. Box, Building and Room Number, if any 10th F100r
Street 275 Seventh Avenue	Street 275 Seventh Avenue
New York	City New York
State New York ZIP Code + 4 10001	State New York ZIP Code + 4 10001
Position in labor organization. Secretary-Treasurer	
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor shild directly or indirectly had any of the following interacts
(except as specified in the excl	
	and the second in the manufactorial.
	derived income or other economic benefit of
onetary value from an employer whose employees your organization	derived income or other economic benefit of
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Name and address of Employer (including trade name, if any). Jame Trade Name, if any: O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Street ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of a submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.
Signature and verification. The undersigned declares, under penalty of F	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.

Name of Person Filing Edgar Romney	File Number U- 01956
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Amalgaated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any	Cost # of Shares Price Per Share \$4,975 25 \$199
Street 15 Union Square	11.b. Approximate dollar value of such dealing. \$7,043
City New York	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 10003	\$595.00 in dividends \$24,300.00 in fees
	12.b. Amount. \$24,895
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.